## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MR. BRONSON  NICKNAME LAST  BLACKSON	MI A SUFFIX	OFFICE USE ONLY  Date Received  RECEIVED			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; C	JAN 07 2020 Ty secretary's offici				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER ( 214 ) 533-5358	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MR. PATRICK  NICKNAME LAST  WILLIAMS	MI D SUFFIX	Receipt # Amount \$  Date Processed  Date Imaged			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  3131 BERRYMEADE LANE FARMERS BRANCH TX 75234					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION  ( 469 ) 222-3278					
9 REPORT TYPE	X January 15 30th day before el		15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year Month Day Year 7 / 16 / 2019 THROUGH 1 / 15 / 2020					
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 / 2 / 2020 X General	ELECTION TYPE Runoff Other Description Special	:			
12 OFFICE	OFFICE HELD (if any)  CITY COUNCIL DISTRICT 2	13 OFFICE SOUGHT (if known	n)			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME BRONSON BLACKSON  15 Filer ID (Ethics Commission Fi						
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
	2	COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OF		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THES, LOANS, OR GUARANTEES OF LOANS, OR BUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	1AN \$ 0			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE 3. TOTAL POLITICAL EXPENDITURES OF \$ UNLESS ITEMIZED		POLITICAL EXPENDITURES OF \$100 OR LESS, BITEMIZED	\$ 0			
	4. TOTAL POLITICAL EXPENDITURES \$ 0					
CONTRIBUTION BALANCE	5. TOTAL F	T DAY \$ 0				
OUTSTANDING LOAN TOTALS	6. TOTAL F LAST DA	* 2,053.51				
18 AFFIDAVIT  AMY PIUKANA Notary ID # 126766873 My Commission Expires January 8, 2021  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all improvation required to be reported by me under Title 15 Lipstim Code.  Signature of Candidate or Officeholder						
AFFIX NOTARY STAMP/SEALABOVE						
Sworn to and subscribed before me, by the said Bronson Blackson, this the						
day of facular, 20 20, to certify which, witness my hand and seal of office.						
Signature of officer administering oath  Printed name of officer administering oath  Title d'officer administering oath						

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME BRONSON BLACKSON  20 Filer ID (Ethics Com		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	_	\$
3,	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4,	X SCHEDULE E: LOANS		\$ 2,053.51
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
113	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
12.	12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

	LOANS			SCHEDULE <b>E</b>		
The Instruction Guide explains how to complete this form.				1 Total pages Schedule E: 1		
2	FILER NAME BRONSON BLACKSON			3 Filer ID (Ethics Commission Filers)		
4	TOTAL OF UN	\$ 2,053.51				
5	Date of loan         7         Name of lender         □ out-of-state PAC (ID#)           4/26/2019         BRONSON BLACKSON			9 Loan Amount (\$) 2,053.51		
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate 0.00%		
	Y N	3137 BERRYMEADE LANE FARME	ERS BRANCH TX 75234	11 Maturity date		
12		Principal occupation / Job title (See Instructions)  VICE PRESIDENT  13 Employer (See Instructions)  BLACKSON BRICE		COMPANY, INC.		
14	Description of Colla	lateral T5 Check if personal fu account (See Instru		ls were deposited into political ons)		
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
		18 Guarantor address; City;	State; Zip Code			
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	_		
	Date of loan	ate of loan Name of lender out-of-state PAC (ID#:		Loan Amount (\$)		
	Is lender a financial	Lender address; City; State; Zip Code		Interest rate		
	Institution? Y N			Maturity date		
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Description of Collateral		Check if personal funds were deposited into political account (See Instructions)				
	GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)		
	Guarantor address; City; State; Zip Code					
	not applicable					
Principal Occupation (See Instructions)			Employer (See Instructions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If lender is out-of-state PAC, please see Instruction guide for additional reporting requirements.					